

Navy Physical Fitness Assessment Checklist

How to Conduct a Safe and Efficient PFA

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**NAVY PHYSICAL FITNESS ASSESSMENT
CHECKLIST**

**PLANNING THE EVENT
10 - 15 WEEKS BEFORE**

COMMAND	_____	CFL	_____
PRT DATES	_____	MONITORS	_____
MAKE-UPS	_____	MONITORS	_____

COMMAND FITNESS LEADER

**DATE
COMPLETED**

Review written summary from the previous PFA

- ☐ Develop acceptable dates to conduct PFA components (HT,/WT, Body Fat, PRT) _____
- ☐ Review and understand all current specifics pertaining to the PRT including test sequence, length of test, and rest between each event _____
- ☐ Obtain COMNAVPERSCOM-approved PRIMS application _____
- ☐ Conduct preliminary (courtesy) body composition assessments _____
- ☐ Announce dates for conducting the PFA at least 10-15 weeks in advance _____

COMMAND FITNESS LEADER	DATE COMPLETED
<input type="checkbox"/> Verify each member's PHA was completed within last year. If not, refer to medical department. Send with member completed PARFQ (PRIMS)	_____
<input type="checkbox"/> Conduct preliminary (courtesy) Body Composition Assessment (BCA). If member fails, and no prior medical evaluation exists, member refer to the medical department	_____
<input type="checkbox"/> Verify that members' periodic physical examinations are current. (If not, refer to Medical Department)	_____
<input type="checkbox"/> Establish Command policy regarding members' conflicts (drills, TAD, leave, vacation, deployment)	_____
<input type="checkbox"/> Develop plan for medical attention during PRT	_____
<input type="checkbox"/> Estimate number of members who will be completing the PRT	_____
<input type="checkbox"/> Other:	_____

SCHEDULING	DATE COMPLETED
<input type="checkbox"/> Evaluate schedule limitations for PFA	_____
<input type="checkbox"/> Determine time (hours, day, etc.) limitations; check base schedule	_____
<input type="checkbox"/> Determine personnel requirements	_____
<input type="checkbox"/> Identify facility limitations	_____

SCHEDULING

**DATE
COMPLETED**

- ☐ Evaluate, if any, weather liability concerns _____
- ☐ Establish make-up dates for poor weather conditions _____
- ☐ Determine and announce alternate dates for members who cannot participate in PFA due to TAD, leave, holidays, etc. _____
- ☐ Other: _____

EQUIPMENT/SUPPLIES

**DATE
COMPLETED**

- ☐ Review last PFA list of what was rented, borrowed, and purchased... from where and how much _____
- ☐ Review previous PFA equipment needs _____
- ☐ Plan for replacement of lost and damaged equipment _____
- ☐ Review and/or develop equipment check in and out system _____
- ☐ Secure CFL and monitor shirts (if available) _____

FACILITIES

**DATE
COMPLETED**

- ☐ Reserve adequate fitness facilities (include pool if available) _____
- ☐ Obtain written fitness facility reservation well in advance _____

FACILITIES	DATE COMPLETED
<input type="checkbox"/> Secure back-up testing facility	_____
<input type="checkbox"/> Determine alternate date for run in case of outdoor inclement weather	_____
<input type="checkbox"/> Establish information station	_____
<input type="checkbox"/> Develop procedures for facility set up and take down	_____
<input type="checkbox"/> Secure crew for maintenance and preparations of facility	_____
<input type="checkbox"/> Develop emergency evacuation plan	_____
<input type="checkbox"/> Select and measure the most level 1.5-mile course available. The course: <ul style="list-style-type: none">• should be free of steep inclines and declines, surface irregularities, and sharp turns• must be accessible to emergency vehicles• must have cell phone, walkie-talkies or be near a telephone for emergency reasons A measuring wheel can be checked out from MWR to verify or measure the course distance; permanent markers are advised	_____
<input type="checkbox"/> Identify sufficient area for warming-up and stretching prior to test	_____
<input type="checkbox"/> Develop list of pre-physical activity health risk questions to ask prior to PRT (conditions or changes in health since last PRT) OPNAVINST 6110.1G, enclosure (2), page 4, (5), a-h and (6)	_____
<input type="checkbox"/> Other:	_____

RISK MANAGEMENT	DATE COMPLETED
<input type="checkbox"/> Identify all safety and liability concerns	_____
<input type="checkbox"/> Confirm that CPR certification for each PFA monitor and assistant CFLs has been completed	_____
<input type="checkbox"/> Identify and list command First-Aid certified Personnel	_____
<input type="checkbox"/> Develop PRT Safety Plan. The plan should include at a minimum: <ul style="list-style-type: none">• telephone numbers and procedures for summoning aid• use of cellular phones or walkie-talkies• clear travel directions for emergency response personnel to ensure their prompt arrival• guidance for contracting base security personnel	_____
<input type="checkbox"/> Develop plan for obtaining immediate medical assistance if needed	_____
<input type="checkbox"/> Develop policy for various weather and environmental conditions.	_____
<input type="checkbox"/> Identify clear warning signs of risks <ol style="list-style-type: none">1. Weather WBGT Index (flag condition <u>BLU</u> <u>GRE</u> <u>AMB</u> <u>RED</u> <u>BLA</u>)2. Wind chill ___ degrees)3. Location (inspect for hazardous objects and obstructions)4. Ask if members' current health status at time of PRT has changed in any of the following areas:<ol style="list-style-type: none">a. Cardiovascularb. Respiratoryc. Orthopedicd. Medicatione. Pregnancy	_____

RISK MANAGEMENT/SAFETY

**DATE
COMPLETED**

☐ Other:

FORMS

**DATE
COMPLETED**

☐ Obtain a Facility Rental Application Form

☐ Other:

**NAVY PHYSICAL FITNESS ASSESSMENT
CHECKLIST**

**ORGANIZING THE EVENT
2 DAYS - 8 WEEKS BEFORE**

COMMAND FITNESS LEADER	DATE COMPLETED
-------------------------------	---------------------------

- | | |
|---|-------|
| <input type="checkbox"/> Develop an appropriate format for the completion of the test | _____ |
| <input type="checkbox"/> Organize and recruit qualified personnel to assist in PFA | _____ |
| <input type="checkbox"/> Develop administrative procedures for members who incorrectly perform test, incur muscle cramps during test, or stop to rest | _____ |
| <input type="checkbox"/> Other: | _____ |

MEMBERS	DATE COMPLETED
----------------	---------------------------

- | | |
|---|-------|
| <input type="checkbox"/> Re-check and confirm that each member's periodic physical examinations are current | _____ |
| <input type="checkbox"/> Provide the Navy Weight Control Self-study Guide to any member who fails to meet body composition standards | _____ |
| <input type="checkbox"/> Confirm that members who checked Yes to any questions on the Physical Activity Risk Factor Questionnaire (PARFQ) have been seen by medical staff or have a confirmed appointment prior to the PFA date | _____ |
| <input type="checkbox"/> Other: | _____ |

SCHEDULING	DATE COMPLETED
<input type="checkbox"/> Develop a master schedule form for the PRT	_____
<input type="checkbox"/> Duplicate policy instructions for each test that should be read by the CFL or monitor(s)	_____
<input type="checkbox"/> Other:	_____

EQUIPMENT/SUPPLIES	DATE COMPLETED
<input type="checkbox"/> Obtain all equipment and supplies needed for event: _____ chairs _____ water/cooler _____ tables _____ paper cups _____ clipboards _____ First Aid kit _____ floor mats _____ AED (if equipment and trained operators are available) _____ scorecards _____ stopwatches (measures both minutes and seconds) _____ pencils/pens _____ measuring wheel (1.5 mile run) _____ runner numbers	_____
<input type="checkbox"/> Acquire back-up equipment system in case of original equipment failure	_____
<input type="checkbox"/> Conduct preliminary tests of all equipment	_____
<input type="checkbox"/> Arrange transport of large equipment items	_____
<input type="checkbox"/> Submit forms for equipment rental	_____
<input type="checkbox"/> Other:	_____

FACILITIES

**DATE
COMPLETED**

- ☐ Reserve room for member meeting _____
- ☐ Confirm facility reservations and arrangements _____
- ☐ Identify location of test stations _____

PERSONNEL

**DATE
COMPLETED**

- ☐ Contingency plan for CFL, monitors, and lifeguards, etc. _____
- ☐ Prepare final list of volunteers and paid employees needed for the event _____
- ☐ Distribute and explain personnel job descriptions and plan a personnel training session for select positions _____
- ☐ Arrange for medical staff location and supplies when available _____

RISK MANAGEMENT

**DATE
COMPLETED**

- ☐ Train staff on proper procedures for identifying and handling weather and environmental conditions _____
- ☐ Confirm plan for inclement weather _____
- ☐ Call local base branch medical or hospital and let personnel know that you are conducting a PRT and where it will be held _____
- ☐ Review plan for obtaining immediate medical assistance if needed _____

- ☐ Obtain appropriate First Aid Kit with supplies and equipment (**only** if Command supported and they have First-Aid Certified Personnel)
-

**NAVY PHYSICAL FITNESS ASSESSMENT
CHECKLIST**

**CONDUCTING THE EVENT
1 - DAY BEFORE**

COMMAND FITNESS LEADER	DATE COMPLETED
-------------------------------	---------------------------

- | | |
|--|-------|
| <input type="checkbox"/> Consult with Commander, CO, or OIC regarding last minute cancellation procedures if unsafe weather conditions are present | _____ |
| <input type="checkbox"/> Review safety plan and other procedures with assistant CFLs | _____ |
| <input type="checkbox"/> Confirm site, equipment, and safety procedures are in place | _____ |
| <input type="checkbox"/> Confirm that all certified monitors will be present at PRT site | _____ |
| <input type="checkbox"/> Other: | _____ |

**NAVY PHYSICAL FITNESS ASSESSMENT
CHECKLIST
DAY OF EVENT**

COMMAND FITNESS LEADER	DATE COMPLETED
-------------------------------	---------------------------

- | | |
|--|-------|
| <input type="checkbox"/> Implement and monitor rules and regulations of the events | _____ |
| <input type="checkbox"/> Closely monitor projected time table for competition to insure schedule is being followed | _____ |
| <input type="checkbox"/> Other: | _____ |

MEMBERS

DATE COMPLETED

- | | |
|--|-------|
| <input type="checkbox"/> Verify that all members have been approved to participate | _____ |
| <input type="checkbox"/> Contact, check and follow-up on any inquiries | _____ |
| <input type="checkbox"/> Ask all members about general health using Pre-physical activity questions. | _____ |
| <input type="checkbox"/> Prohibit participation if recently recovered from a cold, surgery, flu, illness or if health changes have occurred since completing the Physical Activity Risk Factor Questionnaire (PARFQ) | _____ |
| <input type="checkbox"/> Direct if any participants who have experienced recent chest pain, shortness of breath, arm and neck pain to withdraw from test and go to medical for a physical evaluation | _____ |
| <input type="checkbox"/> Remind any females who might be pregnant to withdraw from test and go to medical for an evaluation | _____ |

MEMBERS

**DATE
COMPLETED**

- ☐ Caution participants that new medications for respiratory, cardiac, concerns or recent physician consult for orthopedic concerns may warrant withdrawal from the test
- ☐ Ensure drinking water is readily available at the test site and that members are well hydrated before, during, and after the PRT
- ☐ Identify if any member has sickle-cell traits. If so, 8 oz. of clear fluids must be administered before, during, and after test
- ☐ Check to be sure that all members are dressed appropriately for weather conditions and wearing proper footwear
- ☐ Other:

SCHEDULING

**DATE
COMPLETED**

- ☐ Display physical readiness test performance standards at PRT site
- ☐ Organize members into appropriate groups for testing
- ☐ Participate in 5-10 minutes of warm-up and stretching exercise (required before beginning the PRT events)
- ☐ Other:

EQUIPMENT/SUPPLIES

**DATE
COMPLETED**

- ☐ Replace broken equipment if needed _____
- ☐ Update equipment list and obtain necessary equipment items not projected:
 - _____ chairs
 - _____ tables
 - _____ clipboards
 - _____ scorecards
 - _____ floor pads
 - _____ stopwatches (measures both minutes and seconds)
 - _____ pencils/pens
 - _____ measuring wheel (1.5 mile run)
 - _____ runner numbers_____
- ☐ Clean equipment _____
- ☐ Collect all lost and found items at PRT site _____
- ☐ Other: _____

FACILITIES

**DATE
COMPLETED**

- ☐ Supervise facility cleaning before and after event _____
- ☐ Monitor facility usage during event _____
- ☐ Check environmental safety during event _____
- ☐ Arrange equipment layout at test site _____
- ☐ Prohibit smoking, tobacco, and alcohol use at PRT site. Discourage use of all tobacco products at least 30 minutes prior and at least 15 minutes after PRT _____
- ☐ Other: _____

PERSONNEL

**DATE
COMPLETED**

- ☐ Review assistants and monitor's performance.
Report to appropriate Commander, CO, or OIC _____
- ☐ For the 1.5 mile run/walk, CPR-certified
personnel should be placed at appropriate
intervals so the entire course is in view of
monitors(1 CPR-certified monitor for every 25
members tested), minimum of 2 required, may not
be test participants, IDC not required _____
- ☐ Confirm:
 - scorers
 - monitors
 - demonstrator for each test
 - safety, control, and medical personnel_____

☐ Other: _____

RISK MANAGEMENT/SAFETY

**DATE
COMPLETED**

- ☐ Conduct inspection of each facility looking
specifically for potential risk situations
and/or conditions _____
- ☐ Document any improper use of facilities _____
- ☐ Confirm and distribute emergency medical
response plan to assistants and monitors _____

RISK MANAGEMENT

**DATE
COMPLETED**

- ☐ Verify environmental conditions (temperature,
humidity, storm conditions, WGBT, etc.) are
safe during each test _____
- ☐ Report from the Command Safety Officer to
COMNAVSAFECEN if a participant is injured
during the PRT _____

RISK MANAGEMENT

**DATE
COMPLETED**

☐ Other:

**NAVY PHYSICAL FITNESS ASSESSMENT
CHECKLIST
EVALUATING THE EVENT
1 -3 WEEKS FOLLOWING**

COMMAND FITNESS LEADER	DATE COMPLETED
<input type="checkbox"/> Record and evaluate number of major and minor injuries (All injuries reported to Safety Office within 48 hours)	_____
<input type="checkbox"/> Evaluate and recommend to the CO, any major changes for the next PFA	_____
<input type="checkbox"/> Maintain on file all completed Risk Factor Questionnaires until member executes permanent change of station orders	_____
<input type="checkbox"/> Enter PFA results in PRIMS	_____
<input type="checkbox"/> Provide command and command members with PFA results: <ul style="list-style-type: none">• Inclusion on FITREPS and EVALS• Appropriate career counseling• Recognition of significant improvement or superior performance• Issuing of Administrative Remarks page 13 and Letter of Notification (LON)• Send documents to NAVPERSCOM (PERS-31 or PERS-834 as required) including Administrative remarks page entry and injury report to COMNAVSAFECEN• Send all PFA results to NAVPERSCOM (PERS-651) using PRIMS (within 30 days)	_____

MEMBERS

**DATE
COMPLETED**

- ☐ Enter each member's score using PRIMS
- ☐ Other:

SCHEDULING

**DATE
COMPLETED**

- ☐ Prepare after action reports to chain of Command. This will include, but not be limited to, the following:
- Problems encountered
 - Schedule conflicts
 - Weather problems
 - appropriate schedule for next year
 - revisions to procedures
 - Other:

FACILITIES

**DATE
COMPLETED**

- ☐ Evaluate if facilities were adequate
- ☐ Determine if facilities were utilized as planned
- ☐ Others:

ASSISTANTS

**DATE
COMPLETED**

- ☐ Schedule CFL assistant training for next PFA cycle
- ☐ Other:

RISK MANAGEMENT/SAFETY

**DATE
COMPLETED**

☐ Other:
